



Electronic Funds Transfer Form

1. Applicant information.

First name:		Last name:	
Social Security Number:	HF Family Member Number:	Monthly premium amount:	

2. Bank information.

Receiving bank/credit union/savings and loan:		Branch:	
Branch address:	City:	State:	Zip Code:

Account type: ☐ Checking ☐ Savings

Bank Transit Routing number (9 digits)

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Account number (10 digits)

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3. Signature.

I give permission to the Healthy Families Program to begin withdrawing funds each month, out of the account described above, in the amount of your monthly premium.

Signature

Date

Note: This permission to withdraw funds will remain in effect until Healthy Families receives written notice from the applicant to discontinue the monthly EFT, in order to allow Healthy Families reasonable time to act. If the applicant's family becomes no longer eligible for Healthy Families, the EFT will end.

Please enclose a blank check or savings deposit slip with "VOID" written on it.

Mail to:
Healthy Families Finance Unit
PO Box 537019
Sacramento, CA 95853-7019

Questions? Call 1-866-848-9166, Monday to Friday, 8 a.m. to 8 p.m., or Saturday, 8 a.m. to 5 p.m. The call is free.